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Where The Action Is: On Ninth Floor

A pharmacist's skills are essential on the medical team in tomorrow's hospital.

Ask anybody. A hospital is a place where the average patient:

Sees nurses who work efficiently and tirelessly but who seldom have time to TALK to him.

Walks on floor surfaces that are antiseptically clean, relentlessly shiny — and inevitably noisy.

Sometimes winces at the CLANG of metal equipment and utensils as daily routine progresses.

Occasionally has questions about "what do I do when I go home?" that may lack satisfactory explanations. Not because hospital personnel are indifferent but because time and communications gaps are so formidable.

IS a hospital like this? The answer is: It doesn't have to be. The quality of patient care is the first concern of every hospital. At UC Hospitals, it has become the focus for more than lip service. It's where the action is.

Right now, the action centers on ninth floor of Moffitt Hospital. A surgical floor, it is the vortex of a remarkable pilot project that has acquired a vitality unlike that of any similar working experiments that UC hospital administrators know about.

This undertaking grew out of a nursing activities study conducted by the hospitals' Nursing Service Administration.

It has resulted in a new way of evaluating the roles, not only of nurses, but of physicians, pharmacists, aides, administrators, secretaries.

This issue of UC Medical Center News puts ninth floor — what it is and where it leads — in the spotlight.

They're All Adaptable

"We don't claim to have all the answers. The way we began isn't the way we are. But the staff is accustomed to change. It's adaptable."

Charles Kredensor speaking. As the capable unit manager for the ninth floor project in Moffitt Hospital, business administration-trained Kredensor is anything but inflexible himself. He started out in 1966 in a job that had never before been tried in UC Hospitals. In 1968, he looks for more challenges, more questions—and more answers.

What is a hospital unit manager? Harold Hixson, UC Hospitals administrator, says:

"The person who is responsible for the logistics and environmental condition of the nursing unit — the flow of supplies to and from the unit, sanitation and housekeeping, the flow of information involving ward secretaries and other non-nursing personnel under his direction."

All these tasks, according to Hixson, used to be the responsibility of the head nurse. This was made clear in the nursing activities study several years ago.

"Out of this study came the acute awareness that nurses were not being used for the services for which they were prepared," Hixson continued. "Then we started another study to analyze what they WERE doing and what they SHOULD do."

In line with this, one of the first steps in the $50,000 remodeling of ninth floor for its pilot role was the split of two nursing stations — one with 34, one with 24 beds instead of a 58-bed unit — and installation of carpeting in all areas.

This reduced what Hixson called "noise and confusion" of the old double nursing station. Also noise-free, plastic instead of metal utensils.

Before deciding on the unit manager system, UC Hospitals representatives watched the system in action at four hospitals across the country. Says Hixson:

"We think we picked the best of each system. And we wanted to make other changes, too. We know it wasn't feasible to establish them uniformly through the hospital, so we chose as a pilot unit the new split facilities on ninth floor."

At split nursing stations, Charles Kredensor, unit manager, confers with secretary Mary Philip, and aide Ella Drumgoole, left, with secretary Donna Crispieri.

"Other changes" include a medical team leader, expansion of the ward secretary's duties and introduction of "floor service assistants." These latter staffers are housekeeper-aides who clean rooms and equipment, see to supplies in patients' rooms and serve early morning coffee that precedes 9 a.m. breakfast.

While eight other San Francisco hospitals were involved with UC in the original nursing activities study, only UC has set up a continuing pilot project to do what Hixson calls "study and reject or approve changes to go into other hospital areas."

"Many hospitals use unit managers and unit doseage medications, but we don't know of anyone who has installed a satellite pharmacy and put a pharmacist on the health team," he added.

Also unique to UC Hospitals, as far as Hixson knows, is the current ninth floor study of "graded patient care." This means tailoring care and costs to the intensity of the illness. The range may be from "right out of intensive care unit" to "normally acute," then to near-convalescence.

"We will try this out first on ninth floor, a surgical floor, then through the hospital," the administrator predicts. "We can adjust rates to the level of care a patient requires."

Still in the talk and planning stage is yet another challenge — the computer. Hixson sees no reason why data on each patient cannot be collated and fed into the computer system at the end of each eight-hour shift.

"Out of this would come a master schedule of care, so the night superintendent of nurses, for instance, could allocate skills and resources needed on various floors. The first computer will be connected on an input-output basis with ninth floor."

FOR THE NURSE -- A NEW DAY DAWNING

Something was — and is — woefully wrong with the organization of nursing services.

Otherwise, why a nationwide shortage of nurses? Why the rapid turnover of personnel? Why the abandonment of their profession by so many nurses?

In a move to search out its own problems, Nursing Services Administration at UC Hospitals launched a nursing activities study in 1961. Five years later, the study produced a pilot project, triggered by Irma W. Nickerson, director of nursing services.

Elinor Stanford, director of Nursing Research Field Center of U.S. Public Health Service, was the pilot's nursing projects chief.

Sixteen months after project launch, Miss Nickerson and Miss Stanford agree: "There's much more to do, but we feel much has been accomplished in a short time."

For instance? Thanks to the unit manager system on ninth floor, the head nurse there is free of "managerial functions." Ward secretaries have taken over many of her clerical chores.

One thing that's happened because of pilot floor innovations, according to Miss Stanford, is this: "The patient is finally aware there is a head nurse."

In 1961, the head nurse spent only 9.4 percent of her time in direct patient care. Now, she spends 25 percent of her time in that capacity.

Also in 1961, head nurse spent 65 percent of her time on indirect patient care — tied to the nursing station, immersed in paperwork. Today, she spends about 50 percent of her time on indirect patient care, mainly mapping care patterns and conferring with medical and nursing staffs.

The time she devotes to clerical duties has dropped sharply—from 23.5 percent to 5.6 percent.

"There's really nothing new about the ideas we are trying to carry out," Miss Nickerson concedes. "We just haven't been able to test them here before."

Now in the testing stage is the "admission interview." This allows the nurse to discover important facts about the patient — facts that will help her individualize his care in the hospital and later in his home.

Such ninth floor experiments appear to please the nursing staff. Few nurses request transfers. Most "want to work things out for themselves, so they stay," Miss Stanford is pleased to report.

What nursing service administration set out to do on floor nine is partially accomplished. There's an excellent teaching environment and matching it a program for growth and development of the nursing staff.

But Miss Nickerson and Miss Stanford aren't satisfied yet. They point to more challenges, more goals:

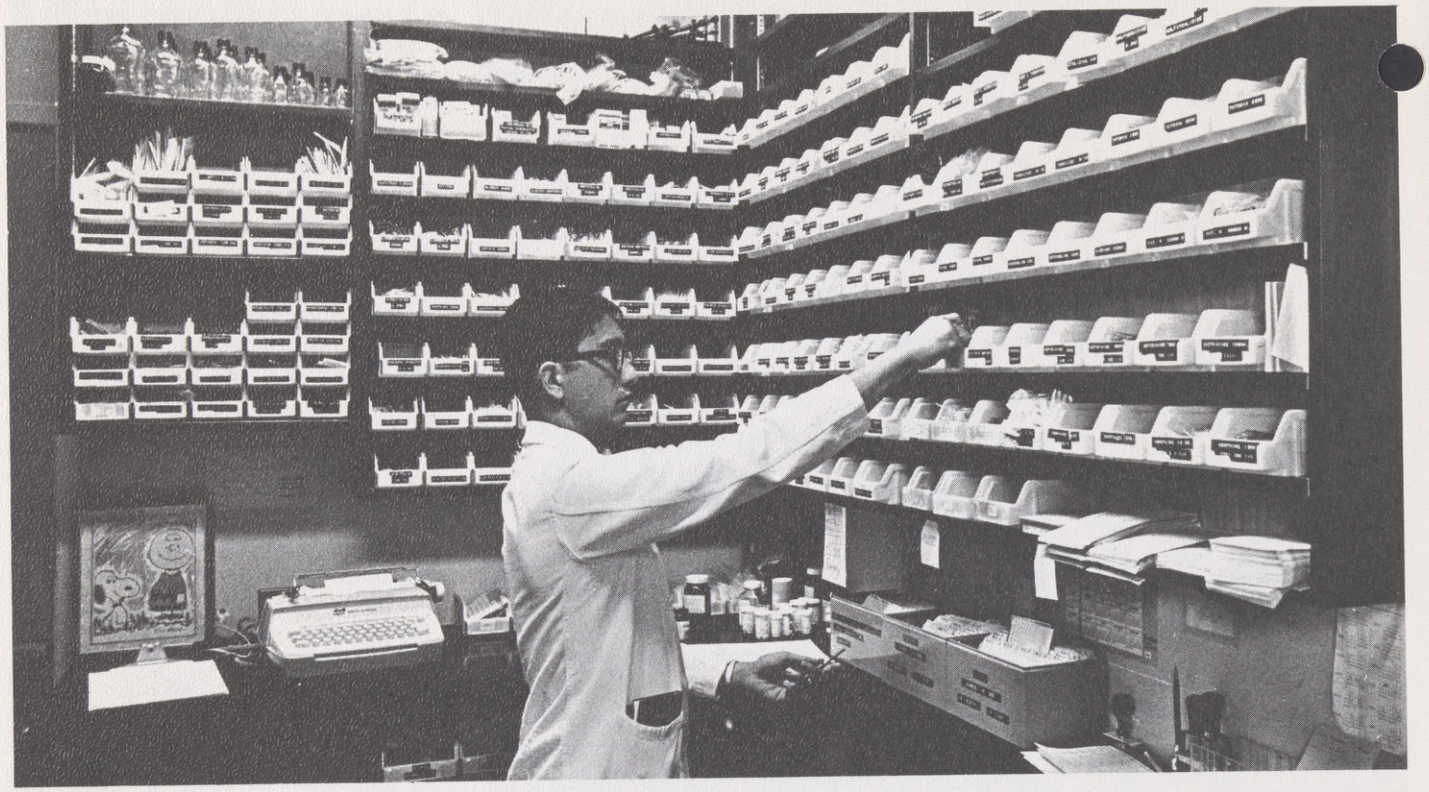
"We want to determine levels of responsibility for nursing care and to find ways of using nursing team members more effectively. We want to explore ways to streamline procedures.

"We want to establish a closer doctor-nurse relationship and a closer collaboration in designing patient care.

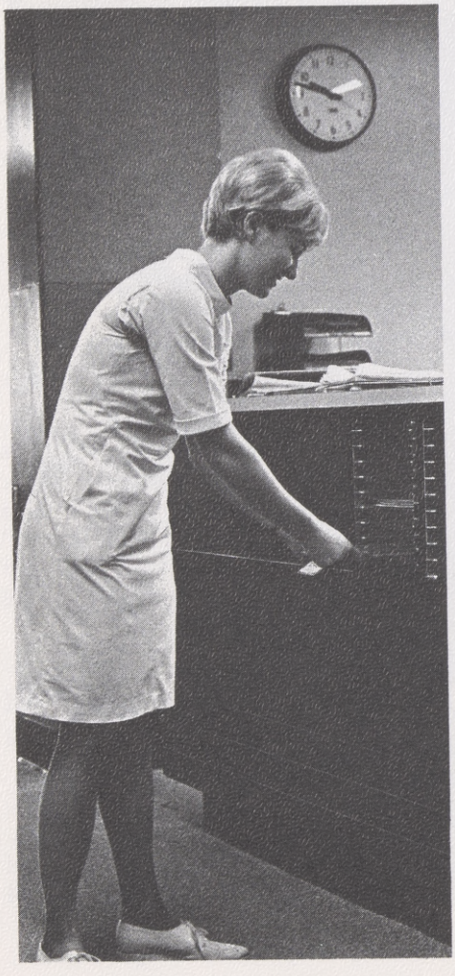
"Before this pilot project, we suspect nurses nursed 'Things.' Now, we believe they nurse People."

Head nurses Lois McGrath, left, and Mary Williams, center, have time to consult with clinic specialist Molly Goodson.

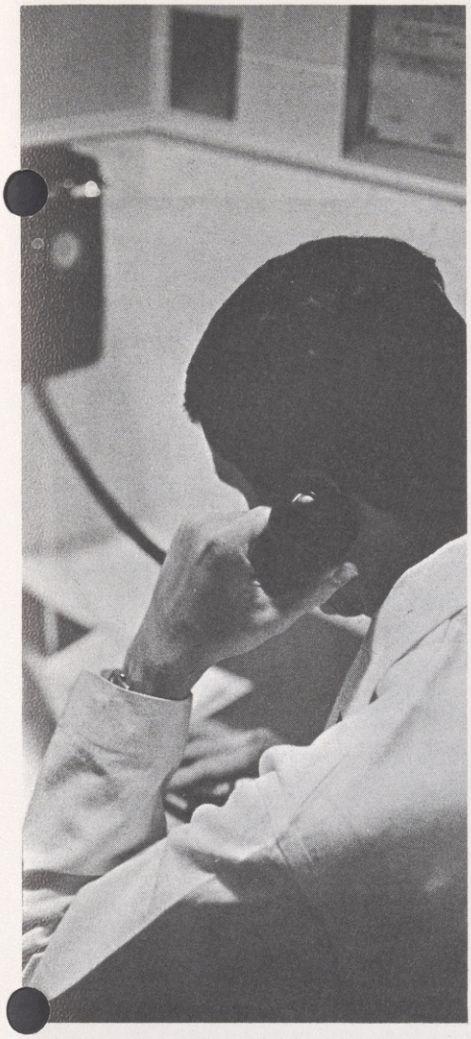
Ninth's New Ideas Spell the Difference

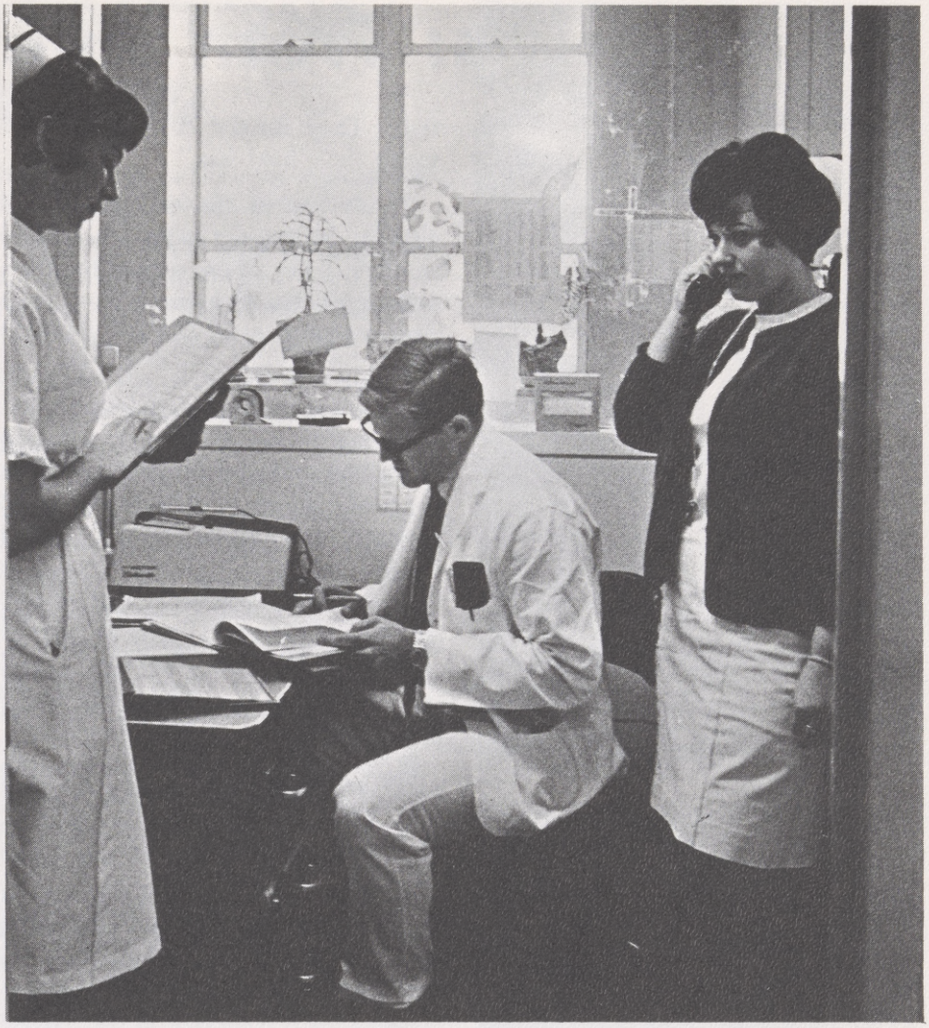


Pharmacist Richard de Leon, above, helps staff "satellite pharmacy" that's open 24 hours a day, seven days a week on ninth floor.



Files slip out easily from outside the split nursing station on surgical floor, as physical therapist Marti Bardwell shows, left. The ease of movement in the neatly carpeted ninth floor corridor, where nurse Margaret Dutton stands, helps speed up the flow of traffic and reduces noise.





There are divided telephone booths in a room set aside off the ninth floor corridor, above left, where doctors can dictate without distractions. On the floor above in Moffitt Hospital, nurses and doctors take turns at the telephone in a small, crowded room. Above right, nurse Kay Mills writes standing up while Dr. Robert Urrea takes notes and waits for nurse Linda Geddes to complete her telephone report. He's next. Traffic can get congested, below, at old style 10th floor nursing station counter.

Pharmacists: From satellite to team

In the hospital of the future, the pharmacist will be used for what he knows as well as what he does. He will find himself a member of the medical team.

Dr. Donald C. Brodie, professor of pharmacy and director of pharmaceutical services at UC Medical Center's School of Pharmacy, doesn't hedge when he makes a prophecy. He has reasons for making this one.

"When you look at the development of pharmacy in a hospital, it's always been on an irrational basis — a part-time basis," Dr. Brodie believes.

"Pharmacists themselves have allowed it to go on. They come to work at 8 and leave at 5. They have looked on themselves as preparers of medication. They simply don't realize the scope their field has."

Alice Brumbaugh
Medication by unit

That's one of the things pharmacists are finding out in their new roles on ninth floor, where a satellite pharmacy operates 24 hours a day, seven days a week.

Because of the obviously close relationship between nursing care patterns and pharmacy, the Department of Pharmacy was invited to be a participating member of the multi-disciplinary pilot program on the surgical floor.

"Dramatic changes" are predicted by Dr. Brodie for pharmacy services, partly as a result of the success of the satellite pharmacy idea on ninth floor.

"Pharmacy services in the hospital will be more related to patients' needs," he suggests.

But there is an interim problem to be solved before pharmacists reach such a millennium: Most pharmacists are not trained for this function.

"There are no education policies that conform to the idea, no programs currently available. It will take 25 to 30 years to change educational philosophies. At UC, fortunately, we have developed programs in advance of most others," Dr. Brodie says.

What pharmacists will need to prepare for full membership on the patient care team is a broad background in biology. Up to now, Dr. Brodie points out, pharmacists "have been trained and thought of as chemists."

Already preparing him for membership on the medical team, however, is the pharmacist's knowledge of drugs, especially the flood of new ones. "Doctors just can't keep up, and the pharmacist is a specialist. He can make his information instantly available to both doctors and nurses."

Expansion of pharmacy services on a full-time basis on the ninth floor has freed nurses from drug distribution, procurement, storage and inventory control.

"This system has cut down the 20 percent of time it took from a nurse's day to dispense drugs," Dr. Brodie indicates.

Also calculated to up the efficiency rating on ninth floor is its dedication to the "unit use" system of preparing medication. This is a radical change from traditional ways of doing things which found doctors recommending drugs, prescribing them on charts, transcribing again on copies to the nurses, again on a requisition to the pharmacy.

"This system was error-prone," Dr. Brodie concedes. "A word could be mis-spelled, a doseage mis-read."

That can no longer happen on ninth floor. The chart order is made out with a duplicate. The duplicate is handed to the nurse, then directly to the pharmacist. And the pharmacist keeps a full drug record for each patient.

At certain times daily, medications are packaged in single doses for individual patients. Packages are placed on a tray in a mobile cabinet. The nurse rolls her "pharmacy on wheels" to the patient's room and hands him the package. That's all.

Another expansion of the pharmacist's role in patient care has also developed on ninth floor. When the patient is released, the pharmacist counsels him on the use of drugs he may take at home. He goes over directions carefully, underlines precautions and describes possible side effects.

Student pharmacists are being assigned to ninth floor's satellite pharmacy, too, for supervised training and experience.

"The reason we are there, idealistically speaking, is because we provide better patient services from a centralized location," Dr. Brodie says.

"And there is the secondary benefit of freeing nurses to devote more time to direct patient care.

"Our pharmacists like what they do on ninth floor. It's a challenge. They're team members."

IN PATIENT CARE PATTERNS, EMOTIONS COUNT BIG

"You can do a good job on surgical care — perform a fine operation — and still do a bum job on the patient's emotional response."

This is straight talk from a surgeon. But Dr. J. E. Dunphy, professor and chairman of surgery at UC Medical Center, says what he thinks. And he thinks highly of what's been happening on the ninth floor of Moffitt Hospital.

As representative from surgery on the advisory committee for the project and an early booster of the idea, Dr. Dunphy has long been concerned about the emotional impact hospitalization has on the average patient.

"Patients who come to a hospital are frightened. We know that. Sometimes they leave with a poor impression of the care they have received," he contends.

"But there's a person-to-person level of service on ninth floor that's good. Communications channels with patients often have no feedback, but on ninth the nurse makes the rounds with the resident and can report to him on a patient's emotional upset or his family's upset. That's very important."

"I can remember in another hospital a man who had a serious cancer operation and went home completely demoralized simply because he didn't understand his condition," the surgeon said.

"Fortunately, he wrote me, and I was able to straighten him out. We have built-in safeguards against this kind of situation on ninth floor.

"The minute I walk on that floor, a nurse is there to look out for me. That never happened before. But before, a nurse had 58 or 60 patients to care for.

"Now, she is free to make rounds, and this gives the patient a practical application of her concern as well as an emotional one."

Not every physician shares Dr. Dunphy's enthusiasm for change. "There has been some resistance to the new system," he says, "but I think that is because there is misunderstanding of roles."

Some physicians wonder "how much can a nurse safely tell a patient?" Dr. Dunphy answers: "In the old days, a nurse seldom told a patient anything, except 'ask the doctor.'"

Now, the nurse has information about what has already been told the patient, Dr. Dunphy points out. She can acquire even more detailed information at conferences with doctors, regularly scheduled on ninth floor. And she can then endorse what the doctor has said if the patient inquires.

"And this creates greater confidence in the patient," Dr. Dunphy says.

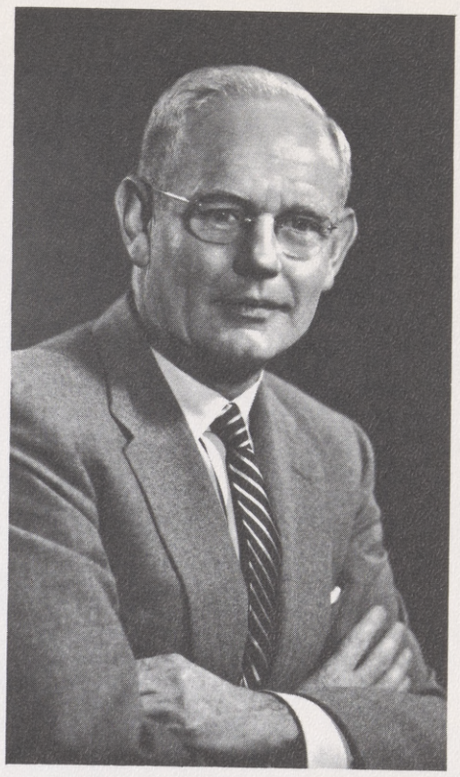
Courageous pilot projects like the one on the surgical floor are opening up new horizons in patient care. According to the surgeon:

"We are reaching a point where we don't know exactly where we'll wind up. At one time, nurses didn't even take blood pressures. Now, they give intravenous feedings."

Dr. Dunphy thinks nurses "should become even more important on the health team." At Duke University, he points out, people are being trained as 'doctors' assistants.'

"I wonder whether nurses shouldn't be trained to take a patient's history and set the stage for a doctor's visit?

"On ninth floor," Dr. Dunphy adds, "we've just scratched the surface. It's an experimental project. I think it is working extremely well. It's a unique example of health teams in action.



Dr. J. E. Dunphy
An early booster

"There has been a lot of lip service, but nobody much has put the health team idea into action."

Dr. Dunphy isn't ready to call the ninth floor project completed, any more than nursing service is.

"You know what else we need on that team? Dentists. Ideally, when a patient comes in, he ought to have his dental situation appraised along with everything else.

"The important things could be taken care of while the patient was in the hospital. This aspect of dentistry has been grossly neglected. We need dental interns and residents. But where would we put them? Based on what we've learned on ninth floor, we really need a new kind of hospital design."

In that new kind of hospital, Dr. Dunphy suggests "we might decide what better the nurse can do that is now done by the doctor — perhaps changing dressings. In England, the nurse has done this for years.

"We don't know all the answers on ninth floor, but it does give us an opportunity intelligently to explore some of the big questions that not only medicine, but society, is asking about medicine."

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Swinging tree for a trim-in

The swinging Christmas tree at right was designed by Mrs. Francis Sooy of UC Hospitals Auxiliary, and it signaled the annual "trim-in."

Both teen-age and adult volunteers gathered in the Medical Science Lobby for the decorating spree on Dec. 16, according to Sue Carlisle, coordinator of volunteers.

The biggest tree forest ever at UC Hospitals — 55 — sparkled in wards, lobbies and rooms nine days before Christmas. For the first time, a tree towered in the lobby of the Medical Science Building.

Contributing to the Yuletide spirit were members of UC Doctors Wives Association, who designed and completed ornaments for three 8-foot trees at a meeting at the home of Mrs. Robert Samilson.

Also in the festive spirit was the "Holiday Workshop" conducted recently by volunteer Edith Catelli. Two new volunteer members — and $50 — were the results of the session devoted to the craft of paper-flower making.